New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts

September-October 1984

Studies of immune system may improve transplant results

"The manipulation of the immune system ... is the field of the future" — Anthony P. Monaco, M.D.

The recent growth in the field of organ transplantation is due largely to improvements in immunosuppression, the process of preventing the rejection of a donor organ by using drugs that suppress the body's immune system. In particular, the drug cyclosporine has improved considerably the survival of kidney, heart, and liver transplant recipients.

But the process of immunosuppression is far from perfect. Transplant patients may suffer unpleasant side effects and are subject to life-threatening infections because their natural disease-fighting system has been weakened.

In the division of organ transplantation at New England Deaconess Hospital, researchers are investigating the basic mechanisms of the immune system to improve the survival of organ transplant patients while reducing the reliance on immunosuppression. In recent months, NEDH has received more than $1 million in research funds for these projects from the National Institute for Allergy and Infectious Disease.

Under the direction of Anthony P. Monaco, M.D., chief of organ transplantation and scientific director of the Cancer Research Institute (CRI); James Gozzo, Ph.D., associate member, CRI; Takashi Maki, M.D., Ph.D., associate member, CRI, and director of the tissue typing laboratory; and Mary Wood, M.A., senior research associate, CRI, are looking at ways to manipulate the immune system to prevent the rejection of donor organs.

Gozzo and Wood have been investigating the effects of giving transplant recipients blood transfusions or injections of bone marrow from the organ donor. "It used to be believed," says Wood, "that blood transfusions would sensitize an organ recipient, causing an increased incidence of rejection. But a review of the data showed that most patients who received multiple transfusions before transplantation actually did better than those who had received no transfusions."

In the blood transfusion method, the transplant patient receives three transfusions from the potential donor over a period of six weeks before the transplant. Tests performed during this time show whether the patient has developed an immune response against the donor's tissue. "In a few people the use of blood transfusions does cause the recipient to become sensitized to the donor," says Wood. "This means a transplant would probably be rejected."

To reduce the sensitization problem, the NEDH team is studying skin tissue transplants in mice, trying to get the anti-rejection effect by giving transfusions after transplant surgery, rather than before. "So far, this hasn't worked," says Wood, "so we are investigating whether treating the blood with ultraviolet radiation — which seems to inactivate one of the cells in blood that stimulates the immune response — would help. We have had some success, but the study is still very preliminary."

By counting the lymphocytes produced when cells from a transplant recipient are mixed with cells from the donor, Mary Wood will be able to tell whether the immune response has been suppressed.

The NEDH team was the first to look at the effect of giving injections of donor bone marrow after an organ transplant. Gozzo says, "In our experiments with mice, bone marrow injections have extended the life of skin grafts as much as four times." Studies of the cells from these mice indicate

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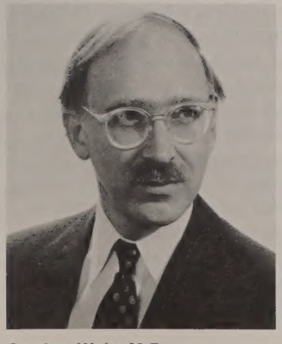
Weir in dual role at Deaconess, Joslin Clinic



Gordon Weir, M.D.

Gordon Weir, M.D., recently began his duties as medical director of the Joslin Clinic and as chief of endocrinology at the Deaconess. Weir brings to these positions an extensive background in patient care, teaching, and research. As medical director, he plans to stimulate further interaction between Joslin's clinical and research staffs; to look for new methods of carrying out clinical research; and to examine new types of therapies to be introduced.

Says Weir, "There are many indications that new types of diabetes treatment and care will be introduced within the next few years, and there is no reason why Joslin and Deaconess shouldn't be leading the way."

As chief of endocrinology at the Deaconess, Weir hopes to expand the medical residency training programs in the areas of endocrinology and metabolism. He says, "There is a lot that can be done in terms of further developing the teaching program and I look upon that as a challenge and a great opportunity."

Weir is a graduate of Harvard Medical School (HMS), and received his residency training at University Hospitals in Cleveland, Ohio. He was a research and clinical fellow and an assistant physician at Massachusetts General Hospital for six years, and served at HMS as an assistant professor of medicine. In 1976, Weir became an associate professor of medicine in the division of endocrinology and metabolism at the Medical College of Virginia. He was promoted to professor of medicine in 1981, and later named vice chairman of internal medicine. For the past year, he also has worked as professor of biophysics and physiology.

Transplant research

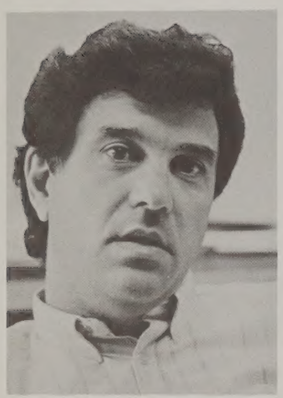
(continued from page 1)

that although the immune response against the donor cells is reduced, the response against cells from a third party (another mouse) is normal, indicating that the lack of rejection is specific — only applying to tissues from a particular donor.

On the basis of these results, the bone marrow injection technique was used for three NEDH patients who received kidney transplants from living-related donors. "Two of the patients have responded very well," says Wood. "A year after their transplants they have had no major rejection crises, and tests show that their immune response to a third party is normal, while their response to their donor is completely suppressed."

Now Gozzo is trying to identify the particular cells in bone marrow that are responsible for the improved tolerance of the donor organ. "We have isolated a specific type of cell that gives the same prolongation as whole bone marrow and produces the effect with a much smaller injection. We're looking at how these injections of cells work in animals and hope eventually to apply them to human patients."

The preliminary successes with both blood transfusions and bone marrow injections seem to be related to the activity of suppressor cells, components of the body's immune system that act to "turn off" the immune response. It appears that the introduction of material from the donor leads to the production of suppressor cells, which prevent the rejection of the donor organ.



"Bone marrow injections have extended the life of skin grafts as much as four times" — James Gozzo, Ph.D.

Maki is investigating how suppressor cells work. It is known that the activity of other cells involved in the immune system — the stimulation or the suppression of a particular response — is the result of the production of substances called lymphokines. The NEDH team has found that the suppressor cells involved in preventing organ rejection also produce lymphokines. By fusing these suppressor cells with tumor cells, Maki has produced hybridomas or clones that can manufacture lymphokines in large quantities. "We have been able to isolate clones producing two types of anti-rejection lymphokine — one that is specific toward a particular donor, and another that is non-specific, suppressing the reaction against any donor."

Using these suppressor factors, Maki is studying their activity in animals, both by looking at their effect on the survival of skin grafts and by examining the reactions on a cellular level. Preliminary data are encouraging, particularly with the non-specific lymphokine, which would be especially useful in patient care, since it could be used to suppress the rejection of a graft from any donor. Maki cautions, however, that "we still have a long way to go."

"Everyone would like to transplant organs without having to use excessive amounts of immunosuppressive drugs," says Monaco. "And the manipulation of the immune system that our people are investigating now is the field of the future. I think the reason our projects have received so much support is that we are the only group that's doing this sort of work in great detail. It's really an area whose time has come."

Hawiger, Lees receive grants

In addition to the above mentioned research grants in organ transplantation, grants have also been awarded to two other Deaconess staff members in recent months.

Jack Hawiger, M.D., chief of experimental medicine, has received five-year renewals of two grants from the National Heart, Lung, and Blood Institute, totaling more than $900,000. The grants are for studies of cardoivascular infections and of blood clotting factors. Hawiger's research was the subject of an article in the Summer 1983 issue of PULSE.

The National Heart, Lung, and Blood Institute also awarded a five-year grant to Robert S. Lees, M.D., chief of peripheral vascular disease, for more than $750,000. Using non-invasive, external imaging techniques, Lees is developing a procedure to study how arteriosclerosis develops. His research will be discussed in a future issue of PULSE.

Deaconess-Harvard Surgical Service enters second decade

Throughout its history, Harvard Medical School has been nationally and internationally known as an academic institution of the highest caliber. Its teaching affiliations not only produce fine physicians and surgeons, but give the associated hospitals a national identity in the academic world. This year, New England Deaconess Hospital celebrates its 10th anniversary as the seat of the Harvard Surgical Service.

The Department of Surgery at Harvard has a quadrilateral structure, with teaching services at four affiliated hospitals — New England Deaconess, Massachusetts General, Brigham and Women's, and Beth Israel — sharing equal responsibility for medical care, teaching, and research. There is no single chairman of surgery, but rather an executive committee composed of the chairmen of surgery at the associated institutions.

William V. McDermott Jr., M.D., chairman of Surgery at the Deaconess, says, "In the Harvard Surgical Service, one person wears two hats: that of professor responsible to Harvard for all academic teaching, training, and research; and that of chairman of a major hospital department."

Harvard's second teaching surgical service was established at Boston City Hospital (BCH) in 1864. (The first was established at Massachusetts General Hospital in 1824.) At that time, there were five non-teaching surgical units at the BCH and to avoid confusion, each service was numbered. The Harvard teaching unit was integrated with the fifth service, and from that time on was referred to as the Fifth (Harvard) Surgical Service

Tufts University School of Medicine established a surgical service at BCH in 1917 and Boston University did the same in 1921. Three of the services were then combined, and the second and fourth services were eliminated. So Tufts University became the First, Boston University the Third, and Harvard remained the Fifth Surgical Service.

The three medical schools continued to serve the BCH until 1972, when hospital budget cuts made it impossible to retain all three schools. Harvard, Tufts, and Boston University submitted formal proposals to the BCH Board of Trustees, who voted to have Boston University direct the hospital's surgical services. That decision proved to be a positive one for the Deaconess, and the Harvard Surgical Service moved here in July 1973.

McDermott, who has served as director of the Deaconess-Harvard Surgical Service since that time, says: "Before the Harvard Surgical Service came here, there was a whole melange of units — from the Joslin, Lahey, and Overholt Clinics, and the general staff — with no centralized leadership. Our job as I saw it then was to develop a homogeneous surgical department at this hospital."

Today the Deaconess-Harvard Surgical Service encompasses all Deaconess surgeons. Each has varying degrees of teaching responsibility, assists in the residency training program, participates in teaching conferences, and has a faculty appointment at Harvard.

McDermott says, "There are many benefits to having a surgical teaching service at the Deaconess. It gives the hospital a sense of unity, camaraderie, and esprit. But most of all, it gives a hospital a national identity in the academic world so the Deaconess is recognized as a major teaching institution in addition to being a good hospital."

Chaplains help patients face the stresses of illness

Health care professionals know that caring for patients encompasses more than just treating the physical symptoms. Serious illness can bring confusing, disturbing changes to the lives of patients and their families – changes that can be as difficult to deal with as the disease itself. Through the NEDH Department of Pastoral Care, hospital chaplains bring their experience and perspective to bear in helping patients handle the stresses that often accompany illness and hospitalization.

The Deaconess's five chaplains try to visit with most patients soon after they are admitted. If the patient is willing, the chaplain visits him or her regularly. "Most of them are glad to see us, whether we're of their denomination or not," says Guy L. Steele, director of Pastoral Care. "We try to get patients to tell us their story, to talk through some of their feelings about what's happened to them in life and what it means to them."

When confronting an illness, patients may find their self-image suffers as much as their physical health. "In our culture, in which we emphasize being young, being well, being pretty or handsome, and smelling good," says Steele, "99 percent of the people I see are coping with guilt or shame about being sick. They tell me 'I must be a bad person because this is happening to me' or because 'God is doing this to me.' We're not here to teach a particular theology, we are here to help the patients work through their own theology."

In their role as someone who can comfort frightened or discouraged patients, who can stay as long as the patients want, or who can just listen when patients want to talk about their concerns, chaplains provide a type of support patients may not find elsewhere.

John Bacchus, who has diabetes, has had many hospitalizations at the Deaconess. "Every time I'm here, Chaplain Steele comes to see me," he says. "He takes the time to sit and talk with me, and I'm more comfortable talking to him than to a doctor or nurse." Talking with Steele, Bacchus says, has helped him to deal with the many problems caused by his disease and its complications.

In addition to regular visits, a chaplain may be called in by a concerned doctor or nurse to talk with a patient who is disruptive or feeling depressed. Chaplains visit all preoperative patients the day before their surgery and also offer support to patients who are nearing the end of their lives. They are available to counsel patients' family members on dealing with the difficult, often conflicting emotions that occur at such critical times.

"It's a great privilege," says Steele, "to be a part of a person's life at important times, the sad as well as the happy. There are happy times here because the care patients receive at the Deaconess is excellent. People may come here with low expectations and leave much healthier than they expected."

Even when the times are sad, Steele says, "I am amazed by the nobility of the human race as I experience it here. I see examples of courage here that teach me daily. I'm continually struck by how precious life is; people fight very hard for another day."

The Department of Pastoral Care also conducts a Clinical Pastoral Education Program for seminary students. Groups of from 8 to 18 students spend an academic quarter at the Deaconess, learning to address the needs of patients and their families.

Patient John Bacchus (right) tells Chaplain Guy L. Steele about his determination to recover from the loss of a foot due to diabetic complications.

"The main thing we encourage them to do," says Steele, "is to look at themselves and the way they minister to people in crisis. Those of us who supervise them bring to our role as teachers a wide background in ministry – including training in psychology, sociology, and theology. We realize that we are our own best tool because most of what we do is talk. It's important to see not only how others are reacting to a situation, but how we react as well."

Chaplains often work closely with the other staff members involved in counseling patients, including psychiatrists and social workers, depending on the particular patient's problems and orientation. When requested, they arrange for visits by a patient's own pastor. They consult and interact with the nursing and medical staff to help provide the best possible patient care.

"We aren't the only ones doing ministry here," says Steele. "I see doctors, nurses, staff, even other patients doing what I'd call ministry. This is a very caring community."

School of Nursing alumnae reunion registration

The 16th annual reunion of the NEDH School of Nursing Alumnae Association will be held on Saturday, October 27, at Audrey Kennedy Hall, One Autumn Street, Boston. Parking will be available at no charge in the Pilgrim Road garage opposite Kennedy Hall.

Coffee and registration will begin at 8:30 a.m., and the business meeting will start at 9:45 in the auditorium. A report of the ANA convention will be presented at 10:30, and at 11:00 Ellen D. Howland, R.N., director of Nursing, will speak on "Looking Back – Planning Ahead."

Luncheon at Valle's Restaurant, 300 Boylston Street, Newton, will begin at 12:45.

Advance registration is required. Please complete the attached form and send it, along with your $10.00 donation, by October 20.

Alumnae Reunion Day
October 27, 1984

Send to: Mrs. Donald Redding, 40 Mt. Vernon Street, North Reading, Massachusetts 01864. Deadline: October 20.

Name _____
(please include maiden name)

Class _____

_____ I plan to attend the reunion and luncheon and am enclosing my check for $10.

_____ I will need transportation to Valle's Restaurant for the luncheon.

_____ I can provide transportation for _____ people to Valle's Restaurant.

Please make checks payable to Alumnae Association, School of Nursing, New England Deaconess Hospital.

Deaconess physicians gain national recognition

Among the most gratifying career rewards can be peer recognition and approval. This appreciation on the part of professional colleagues can be demonstrated in many ways: financial awards and fellowships; nominations to prominent positions; and presentations of prestigious awards. Two Deaconess physicians were honored recently for outstanding work in their respective medical specialties.

Daniel Miller, M.D., chief of otolaryngology, recently was named the 40th recipient of the American Laryngological Association's Newcomb Award, given in appreciation of service to the organization and for outstanding contributions to the literature of laryngology (study of diseases of the larynx) and rhinology (study of diseases of the nose).

Says Miller, "There is nothing better than being honored by your peers. I am especially flattered to receive this particular award because the previous recipients were such outstanding people in our discipline."

Miller's major focus in recent years has been the study and management of advanced head and neck cancer patients using a combined treatment of chemotherapy, surgery, and radiation therapy. The surgery is performed at the Deaconess; most of the chemotherapy and radiation treatments are administered at Dana-Farber Cancer Institute, where Miller is chief of the Head and Neck Tumor Clinic.

He also was nominated to the presidency of the American Academy of Otolaryngology-Head and Neck Surgery, the largest otolaryngological society in America. He is past president of the American Society for Head and Neck Surgery, the American Laryngological Association, and the Triological Society.

In June, Anthony P. Monaco, M.D., scientific director of the Cancer Research Institute and chief of the organ transplant division, was named president-elect of the American Society of Transplant Surgeons. The goals of the society include developing clinical organ transplantation programs, maintaining excellence in existing programs, encouraging the growth of training opportunities, and providing a forum for the exchange of ideas and research.

A charter member of the organization, Monaco will assume its presidency in June 1985. He anticipates that much of his effort will involve working with members of Congress and the government for the passage of legislation to improve the country's organ donation system. "Two bills — one in the House and one in the Senate — have already been passed and are now in conference committee, where they will be combined into a single bill," says Monaco. "The new law will encourage organ donation and help to set up a national system of donor organ procurement."

Monaco says, "It is a great personal honor to be selected for such a position by your peers, and it's a great honor for the hospital as well." Monaco is also chairman of the New England Organ Bank and editor of the journal *Transplantation.*

"Keys of the Copley" to play for NEDH

Join the Copley Plaza's four resident pianists at "Keys of the Copley," a benefit for the New England Deaconess Hospital on Sunday, November 4, from 5 to 8 p.m. Boston's top jazz pianist Dave McKenna, boogie-woogie specialist Sammy Price, light classical pianist Joel Morz, and show tune player Neal Olmstead will perform in the Oval Room of the Copley Plaza Hotel.

The cost of the program — which includes a champagne and hors d'oeuvres reception, cash bar, and cabaret seating for the concert — is $50 per person. For further information, call the NEDH External Resources Department at (617) 732-8007.

New nursing program makes baccalaureate education more accessible

Through a new association between the NEDH School of Nursing and Northeastern University's College of Nursing, students who wish to enter Northeastern's baccalaureate program for registered nurses may plan for their baccalaureate education and accumulate additional college credits while participating in the NEDH diploma program.

Changes made in the Deaconess curriculum this fall provide interested students with added time during the summers to fulfill some of the elective and humanities courses required for the baccalaureate nursing degree. Northeastern will administer standardized exams to participating Deaconess students, and after successfully completing the exams, students may qualify for exemption credits.

Ellen Howland, R.N., director of the School, said, "We're pleased with this arrangement. We've developed an articulation mechanism which preserves the integrity of our diploma program while providing for a smoother transition into Northeastern's baccalaureate program for registered nurses."

Signing the agreement between the NEDH School of Nursing (SON) and Northeastern University College of Nursing (NCN) are (left to right, front row) Juanita Long, R.N., Ed.D., dean, NCN; Ellen Howland, R.N., director, SON; Katherine Luttgens, Ph.D., associate provost, Northeastern; (back row) Joan Grindley, R.N., Ed.D., asociate dean, NCN; Judith Farias, R.N., assistant director, SON; Barbara Hooker, R.N., associate director, SON; and Theresa Chopoorian, R.N., Ed.D., associate professor, NSN.

Longtime NEDH supporter dies

Honorary NEDH trustee Amelia Peabody

Amelia Peabody, an honorary trustee and longtime supporter of New England Deaconess Hospital, died in May at the age of 93. Recognized as a civic leader and patron of the arts, she became a member of the NEDH corporation in 1957, was elected a trustee in 1958, and was named an honorary trustee in 1976.

During her long association with the Deaconess, Amelia Peabody's generosity included supporting such projects as the construction of the sixth floor of the Farr building, which contains the Intensive and Coronary Care Units; Audrey Kennedy Hall, which houses the School of Nursing; and most recently, the addition to the Cancer Research Institute building.

An accomplished sculptor whose works were exhibited at the Whitney Museum, the Carnegie Institute, and the New York World's Fair, Amelia Peabody created the stone figure of a Deaconess nursing student that stands in the School of Nursing patio. She also designed the Joslin Clinic victory medal, long the symbol of the Joslin Diabetes Foundation.

Her interests were wide-ranging: from the arts; to raising horses, cattle, and other animals on her 800-acre Dover farm; to serving in a variety of capacities for such Boston institutions as the Museum of Science, the Trustees of Reservations, and the Institute of Contemporary Art. In addition to her service to the Deaconess, she was also a member of the corporation of the Massachusetts Eye and Ear Infirmary and the Children's Hospital.

Nuclear medicine procedure improves stroke diagnosis

The Deaconess was one of the first hospitals in the country to use single photon emission computed tomography (SPECT), a nuclear medicine procedure. New applications of this technique, some of which were developed by or tested at the Deaconess Department of Radiology, now are helping physicians measure the effects of stroke and other diseases far more rapidly than previously available methods.

Nuclear medicine involves the introduction of compounds containing radioactive "markers" into the body. The compounds (called radiopharmaceuticals) are each formulated to collect in a specific area of the body, and their concentration and distribution can be detected by instruments such as the gamma camera. The radioactivity in the compounds deteriorates very quickly — within hours of completion of the test — and the patient's exposure to radiation is slight.

SPECT produces tomographic images — cross sections of a particular area of the body similar to those produced by x-ray computed tomography (CT scanning). The difference is that a CT scan shows structural details, while SPECT images track a function or process, such as the flowing of blood to the brain. "SPECT gives us a map of cerebral [brain] blood flow," says Thomas C. Hill, M.D., chief of nuclear medicine. "We can apply that map to clinical situations such as stroke and epilepsy or to measuring the effects of surgery."

For example, a stroke disrupts the flow of blood to a portion of the brain, but the resultant destruction of brain tissue is not visible on a CT scan for four to six days. SPECT, on the other hand, can show the disruption of blood flow within hours after the appearance of symptoms. "We can assess the loss of blood flow to the brain before the tissue damage actually occurs," says Hill. "With this improved diagnostic capability, we may be able to identify those patients who might benefit from new, more aggressive courses of treatment."

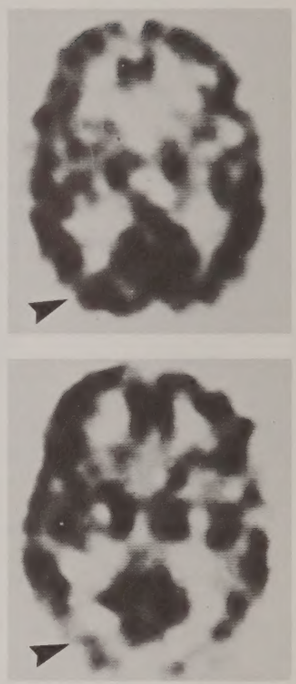
SPECT also can be used to identify patients at risk for stroke by locating areas of reduced blood flow in the brain before permanent damage occurs. Surgery to remove material blocking a blood vessel may prevent a stroke for these patients, and follow-up studies to assess the results of this surgery also can be done with SPECT.

Deaconess radiologists have used SPECT since 1977 for such purposes as detecting brain tumors with compounds that locate in tumor masses, and members of the NEDH nuclear medicine section have worked closely with manufacturers of radiopharmaceuticals and equipment to identify additional applications of the technique. Definition of blood flow in the brain is now possible because of the recent development of compounds based on substances that normally travel to the brain.

"Previously, measurements of cerebral blood flow were research oriented because the necessary equipment was very expensive and available at only 10 research centers in the country," says Hill. "SPECT can bridge the gap between research and clinical applications because it uses commonly available compounds and equipment. It can be done in virtually every hospital in the country."

Hill and his colleagues at the Deaconess and other institutions now are using SPECT to study additional aspects of brain function using a compound that binds to receptors — sites that receive the activity of certain chemicals. Studying the concentration of receptors in the brain may give physicians a better understanding of Alzheimer's disease and other conditions related to chemical activity in the brain.

SPECT also is being applied to other areas of the body to identify abnormalities associated with coronary artery disease and determine the location and size of tumors in the liver. Hill says, "Using standard radiopharmaceuticals, we are now able to get tomographic images of these organs and display them in a format just like a CT scan, which improves diagnostic accuracy by 10 percent."



Cross-sectional SPECT brain images reveal differences of blood flow (dark areas) to the brain's vision centers in the back of the head (arrows) with the eyes opened (above) and closed (below).

Friends are special people

Since 1931, the Friends of the Deaconess, the hospital's auxiliary organization, has raised more than $1 million and its members have given countless hours of voluntary service to the hospital and its patients. Today's activities may seem a long way from the days when the "Women's Association of the New England Deaconess Hospital" made surgical dressings and raised money by selling snacks and fresh eggs at their monthly meetings, but the Friends' dedication to supporting the hospital has remained unchanged.

The Gift Shop in the Farr lobby and the Thrift Shop in the basement of the laundry building are operated by the Friends — an outgrowth of early rummage sales — and periodic book and flower sales help to raise money for the annual gift to the hospital. In December the Friends hold a Christmas bazaar, featuring handmade ornaments, gifts, and homemade fudge. Each spring they sponsor the Deaconess Night at the Pops. Both events help raise money for the School of Nursing Scholarship Fund.

Many Friends regularly volunteer in the hospital. Supplying the arts and crafts cart, which brings handcraft materials to patients, and maintaining the Baker Roof Garden are other Friends projects.

Mary Eliza McDaniel, the group's current president, says that Friends donations make possible "the extras — nursing scholarships, specialized equipment, renovations of public areas like the Farr lobby — things that would not be possible with the current restrictions on the hospital's budget."

This fall the Friends of the Deaconess are conducting a drive for new members. "Anyone who is interested in the hospital can be a Friend," says activities coordinator Jane Tilley. "Hospital employees are among the biggest supporters of our bazaars and book and plant sales, and they can be Friends too."

The only requirement for being a Friend is payment of the $5 annual dues, but, says Tilley, "we're looking for people who want to be active and involved. Joining the Friends can give you a real sense of belonging."

"We look on the entire Deaconess community as our service group," says McDaniel, "employees, staff, and volunteers as well as patients. Supporting the Friends is like supporting your own family."

For further information on the Friends of the Deaconess, stop by the Friends office in Harris Hall, or call 732-8044.

In the NEDH Thrift Shop, Friends of the Deaconess (left to right) Bertha DeLeon, Pat Stevenson, Dorothy Gorman, and Mona Waite sort through donated materials. Proceeds from the shop go towards the Friends' annual gift, used to buy equipment for the hospital.

news in brief

Charles Arkin, M.D., chief of clinical pathology; **Paola Degirolami, M.D.,** pathologist; **John D'Elia, M.D,** nephrologist; **Antoine Kaldany, M.D.,** nephrologist; **Richard Platt, M.D.,** infectious disease; and **Julie White, R.N.,** nurse epidemiologist, co-authored an article on detection of peritonitis in patients receiving intermittent peritoneal dialysis, published in *Infection Control.*

At the annual meeting of the American Society of Hospital Pharmacists in June, **Richard Baptista, M.S., R.Ph.** clinical hyperalimentation pharmacist, spoke on total parenteral nutrition admixtures and demonstrated an NEDH-developed computer program for admixtures with **Frank Condella, B.S., R.Ph.,** assistant manager, Pharmacy/IV Therapy. Many other NEDH pharmacy personnel participated in the meeting.

Mary Christie, M.S., R.D., clinical dietitian/gastroenterology, was appointed to the scientific advisory board of the National Ileitis and Colitis Association and spoke at a recent meeting of the Ostomy Association.

Peter Campisano, Ph.D., associate director, spoke on distributed data processing to the IBM National Health Care Executives Meeting.

Regis DeSilva, M.D., internal medicine, spoke on the role of acute psychological stress in sudden cardiac death at a conference on the bio-behavioral bases of coronary artery disease in Cologne, West Germany.

F. Henry Ellis Jr., M.D., chief of thoracic and cardiovascular surgery, presented two papers to the International Conference on Disorders of the Esophagus in Lancaster, England; participated in a conference in Paris on carcinoma of the esophagus; and spoke on a number of subjects at the International Course in Digestive Tract Surgery in Madrid.

H. Howard Goldstein, M.D., internist, spoke on new developments in the treatment of diabetes at Charlton Hospital, Fall River, Massachusetts, and Millard Fillmore Hospital, Buffalo, New York.

Jack Hawiger, M.D., chief of experimental medicine; **Marek Kloczewiak, Ph.D.,** research associate; and **Sheila Timmons,** research associate, co-authored a paper on platelet receptor recognition site on human fibrinogen, published in *Biochemistry.* Hawiger and Kloczewiak also co-authored a paper on the formation of platelet membrane glycoproteins, published in *Journal of Biological Chemistry.*

Barbara B. Hooker, R.N., associate director of the School of Nursing, participated in a panel discussion on entering into practice at a faculty meeting of the Council of Associate Degree Programs.

Richard E. Lee, director of the hospital, has been elected a trustee of Emmanuel College in Boston.

Robert S. Lees, M.D., chief of peripheral vascular disease, was a member of a metabolism study section at the National Institutes of Health. He and **Ann M. Lees, M.D.,** scientific associate, participated in the Gordon Conference on Lipid Metabolism.

C. Ronald Kahn, M.D., endocrinologist, co-authored an article contrasting the risk of developing insulin-dependent diabetes in the children of diabetic mothers and diabetic fathers, published in the *New England Journal of Medicine.*

George P. Kozak, M.D., endocrinologist, and surgeons **David Campbell, M.D.; Gary W. Gibbons, M.D.; Carl S. Hoar Jr., M.D.; John L. Rowbotham, M.D.; and Frank C. Wheelock Jr., M.D.,** are co-editors of *Management of Diabetic Foot Problems,* published by W.B. Saunders Company. Many other NEDH staff members contributed to the book.

Peggy MacInnis, M.S., R.D., dietitian, has been elected secretary of Dietitians in General Clinical Practice, the American Dietetic Association's practice group.

Laurens MacLure, hospital president, was a judge on the President's Award committee for the New England Telephone Company's Volunteer Service Award program.

Anthony P. Monaco, M.D., scientific director of the Cancer Research Institute and chief of organ transplantation, chaired a special National Institutes of Health review meeting on liver allograft rejection.

Diane Merlo, R.P.T., physical therapist, spoke on the physician's perceived knowledge of physical therapy at the National American Physical Therapy Association Conference.

Richard Nesto, M.D., has joined the cardiology section in Deaconess Medicine.

Suzanne Piening, M.S.W., renal social worker, published an article on family stress in diabetic renal failure in *Health and Social Work.*

Thomas Sheldon, M.D., has joined the Radiation Therapy Department. He will be responsible for the intra-operative radiotherapy program.

Charles Trey, M.D., chief of gastroenterology, spoke on stress and liver disease to a meeting of the New England Chapter of the American Liver Foundation.

Joanne E. Wade, M.S., R.D., assistant director of dietetics, presented a paper on enteral modular feeding to the International Congress of Clinical Dietetics in Toronto. At the same meeting, **Stacey Bell, M.S., R.D.,** dietitian, spoke on modular tube feeding for burn patients.

John Zrebiec, M.S.W., social worker, presented a paper on the emotional aspects of diabetes to the Spring Symposium of the American Diabetic Association.

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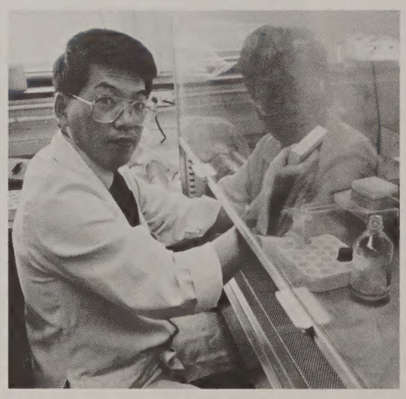
Researchers probe immune system

(see page 1)



Takashi Maki, M.D., Ph.D., sets up a mixed lymphocyte culture — a test that will measure the response of a transplant recipient's cells against cells from the donor.

pulse

PULSE is published by the Public Relations Department, New England Deaconess Hospital, 185 Pilgrim Road, Boston, Mass. 02215, (617) 732-8046. Third class postage paid in Holliston, Mass. Permit (non-profit organization) No. 18.

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New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts 02215

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